

JST

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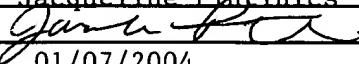
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Jacqueline Pintinics	(Depositor's name)
	
(Signature)	
01/07/2004	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/430,966	11/01/1999	BART DE CORTE	JAB-1425	8053

TITLE OF INVENTION: HIV REPLICATION INHIBITING PYRIMIDINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/07/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BALASUBRAMANIAN, VENKATARAMAN	1624	514-269000			

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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

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